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April 2004

June 2004

West Virginia Board of Medicine

Quarterly Newsletter

BOARD MEMBER PROFILE

LEONARD SIMMONS, D.P.M.

Initially appointed to the Board of Medicine by Jay Rockefeller in 1982, Dr. Simmons holds the distinction of being appointed to the Board by four separate Governors: Jay Rockefeller in 1982; Arch Moore in 1987; Gaston Caperton in 1996; and Bob Wise in 2001. Dr. Simmons currently serves as a member of the Board's Complaint Committee and Corporate Practice of Medicine Committee.

Dr. Simmons was elected to the Vice Presidency of the Board three times. He has served as President of the National Board of Podiatric Medical Examiners, the Federation of Podiatric Medical Boards, and the West Virginia State Podiatric Medical Association. He has been Board-certified by the American Board of Podiatric Medical Specialties in primary care, the American Board of Quality Assurance and Utilization Review, and the American College of Podiatric Medical Review.

Dr. Simmons graduated with honors from the New York College of Podiatric Medicine in 1960. He practiced podiatric medicine in New York State for eighteen years. In 1977, he moved to Fairmont, West Virginia. Dr. Simmons has chaired the mid-Atlantic Podiatry Region and has chaired two multi-state conferences. Dr. Simmons has two children: a daughter Jolie, a graphic designer, living in Atlanta, Georgia, and a son, Donn, a Ph.D. in neuropsychology, living in San Francisco, California. Dr. Simmons has been happily married to his best friend, Eleanor, for 44 years.

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??? DID YOU KNOW ???

- ⇒ In 1881 there were 843 licensed physicians in West Virginia.
- ⇒ Before the FLEX was given in West Virginia beginning in 1968, West Virginia was responsible for developing its own medical examination for license applicants.
- ⇒ The cost of taking the medical examination in 1886 was \$10.
- ⇒ In 1901 it was determined that any applicants presenting themselves for the examination under the influence of intoxicants would be dismissed from the examination.
- ⇒ In 1922 it was determined that all medical examinations in West Virginia were to be given in English with no interpreter or dictionary.
- ⇒ In 1930 it was determined that an applicant wouldn't be eligible to sit for the medical examination unless the applicant held a professional degree.
- ⇒ Osteopaths didn't have their own licensing board in West Virginia until 1923.
- ⇒ In 1965 the fee for biennial registration of physicians in West Virginia was \$2.

West Virginia Board of Medicine Board Members

Angelo N. Georges, M.D., President
Wheeling

Carmen R. Rexrode, M.D., Vice President
Moorefield

Catherine Slep, M.D., M.P.H., Secretary
Charleston

R. Curtis Arnold, D.P.M.
South Charleston

Rev. Richard Bowyer
Fairmont

Ahmed D. Faheem, M.D.
Beckley

Ms. Doris M. Griffin
Martinsburg

M. Khalid Hasan, M.D.
Beckley

J. David Lynch, Jr., M.D.
Morgantown

Vettivelu Maheswaran, M.D.
Charles Town

Leonard Simmons, D.P.M.
Fairmont

Lee Elliott Smith, M.D.
Princeton

John A. Wade, Jr., M.D.
Point Pleasant

Kenneth Dean Wright, P.A.-C.
Huntington

BOARD EMPLOYEES

There are two new staff members at the Board of Medicine. The Board welcomes Stephen D. Greer, II, as its Prosecutor. Stephen comes to the Board from the West Virginia Court of Claims where he spent three years. Prior to that, he was in private practice for two years. Stephen is a Magna Cum Laude graduate of the University of Charleston and graduated from the University of Akron School of Law in Ohio in 1998. We are enjoying working with him.

Pennie Price is the Board's Verification Coordinator. Pennie worked for Ear, Nose, and Throat Associates, Charleston, West Virginia, prior to coming to the Board. The Board is pleased to have Pennie as a staff member.

Ext #	Staff of the West Virginia Board of Medicine (304) 558-2921	
227	Ronald D. Walton, M.A.	Executive Director
214	Deborah Lewis Rodecker, J.D.	Counsel
215	Stephen D. Greer, II, J.D.	Prosecuting Attorney
212	M. Ellen Briggs	Administrative Assistant to the Executive Director
222	Leslie A. Higginbotham	Paralegal and Investigator
216	Eric L. Holstein	Information Systems Coordinator
210	Charlotte A. Jewell	Receptionist/Physician Assistant Coordinator
221	Crystal Lowe	Licensure Analyst
224	Sheree Melin	Complaints Coordinator
211	Janie Pote	Administrative Assistant to Legal Department
224	Pennie Price	Verification Coordinator
220	Deb Scott	Fiscal Officer



BOARD ACTIONS

April 2004 - June 2004



BROOKS, SHEILA J., D.P.M. – Bluefield, WV (04/16/04)

WV License No. 230

Board Conclusion: Relating to failing to keep written records justifying the course of treatment and failing to practice podiatry at an acceptable level.

Board Action: PUBLICLY REPRIMANDED for practicing podiatry below the standard of care as to treatment, prescribing, and documentation practices; shall enroll in and successfully complete a Board-approved course in controlled substance management and a Board-approved course in recordkeeping.

KEILP, JENNIFER MARIE, M.D. - Lexington, KY (05/05/04)

WV License No. 21510

Board Conclusion: Relating to the inability to practice medicine and surgery with reasonable skill and safety due to abuse of alcohol.

Board Action: License GRANTED, subject to limitations, restrictions, and accommodations for a period of two (2) years.

MOLINA, RAFAEL EVENCIO, M.D. – Huntington, WV (04/13/04)

WV License No. 9129

Board Conclusion: Relating to unprofessional, unethical conduct.

Board Action: License SURRENDERED effective May 1, 2004, and Dr. Molina agrees not to apply for a medical license in West Virginia at any time in the future, and understands that if he does so, his request for medical licensure will be denied.

NOLAN, SEAN, M.D. – Weirton, WV (04/05/04)

WV License No. 18179

Board Conclusion: Relating to making a deceptive, untrue or fraudulent representation in the practice of medicine; failing to keep written records justifying the course of treatment of a patient, including but not limited to, patient histories, examination and test results and treatment rendered, if any; unprofessional, unethical and dishonorable conduct; and being convicted of a crime in any jurisdiction which directly relates to the practice of medicine.

Board Action: Dr. Nolan's license was suspended effective April 1, 2004, for a period of two (2) years, with said suspension being immediately stayed, and Dr. Nolan is placed on PROBATION, subject to terms.

RYCKMAN, WILLIAM FRANCIS, M.D. – Williamson, WV (06/08/04)

WV License No. 18951

Board Conclusion: Relating to unprofessional, unethical conduct and failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonable, prudent physician engaged in the same or similar specialty as being acceptable under similar conditions and circumstances.

Board Finding: PUBLICLY REPRIMANDED; assessed a civil fine of \$2,500; and shall successfully complete an intensive course in recordkeeping and in controlled substance management.

LICENSE DENIALS

SEMCHYSHYN, STEFAN, M.D. – Chuckey, TN (05/13/04)

Board Conclusion: Unqualified to practice medicine and surgery in the State of West Virginia due to presenting false, fraudulent statements and misrepresentations in connection with his licensure application; unprofessional, unethical and dishonorable conduct; being denied a license to practice medicine in another jurisdiction; and failing to practice medicine with that level of care, skill and treatment which is recognized by a reasonable, prudent physician engaged in the same or similar specialty as being acceptable under similar conditions and circumstances.

Board Action: Application for a license to practice medicine and surgery in the State of West Virginia is DENIED.

LICENSURE SUSPENSION UPDATE

On June 30, 2004, 81 medical doctors were notified that their licenses were suspended for failure to notify the Board that required continuing medical education had been obtained. The Board suspended 19 medical doctors who failed to notify the Board that required continuing medical education had been obtained and who failed to pay the \$1,000 assessment fee or claim an exemption. A total of 51 medical doctors were suspended for failure to pay the \$1,000 assessment fee or claim an exemption.

REMINDER: *Please be aware that you must notify the Board of any change of address in order that you receive important notices from the Board.*

CHANGE OF ADDRESS FORM

WV License No: _____

Date of Change: _____

Name of Licensee: _____

PLEASE CHECK ONLY ONE PREFERRED MAILING ADDRESS:

(The preferred mailing address is the licensee's address of record, which is public information.)

(Note that telephone numbers are not considered public information.)

() Principal Office or Work Location *ONLY CHECK ONE* () Home Address

Telephone: _____

Telephone: _____

Signature: _____

Date: _____

Original Signature of Licensee is Required



Mail completed form(s) to:

West Virginia Board of Medicine
101 Dee Drive, Suite 103 • Charleston, WV 25311

Fax copies not accepted.

By law, you must keep this office apprised of any and all address changes.

Helping loved ones at time of patient's death

Reprinted from Ethics Forum. May 3, 2004, American Medical News, with the author's permission.

Scenario: When a patient dies, do you write a sympathy note?

How do you decide whether to send written condolences after a patient's death? If you do send one, what should be included?

Reply:

It is a common misconception that a physician's care of a patient ends with the patient's death. Although physicians extensively document patients' medical and social information, they infrequently write even a short condolence note to a patient's bereaved family. (Family in this context also refers to significant nonrelated others.) The physician who plays a pivotal role in chronic or acute terminal care of a deceased patient should consider extending a written expression of sympathy to the grieving family, even if he or she interacted with the family for only a few hours in the trauma bay of the emergency department.

In a study at our medical center published in 2002 in the *Journal of Palliative Medicine*, 40% of responding physicians had some written contact with the family after a patient death; only 20% of physicians made this contact for more than half of their deceased patients. Physician reluctance to write to the family could derive, in part, from a perceived personal failure, but another and perhaps more influential factor is the physician's discomfort with not knowing what to say.

There is a paucity of information on the import of physician contact with the patient's family following the patient's death; however, conventional wisdom supports the use of condolence offerings.

Sympathy notes can memorialize the deceased and provide comfort to recipient and sender alike. They further humanize the patient-physician interaction.

It is acceptable to mention that someone has died without using euphemisms such as "passing" and "going to a better place." I recommend that condolence notes mention the deceased by name with an acknowledgement of the family's loss and an expression of sympathy. Whenever possible, the note should highlight unique positive qualities of the deceased person, perhaps with a short anecdote describing a patient-physician or other memorable interaction. Some phrases can be helpful in expressing concern for the bereaved: "Although I never met," "I was saddened to find out about," and "It is difficult to find words to express my sorrow." When appropriate, a comment about the superb care, love and support that family and friends provided to the patient can be described.

If the note offers assistance to the grieving, be prepared to provide it. In acute deaths especially, a meeting to review the occurrences could be of great benefit to the family and allow for closure. The note should end with a thoughtful closing such as "you are in my thoughts" or "with deepest sympathy."

Helping loved ones at time of patient's death

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Phrases that should be avoided include "I know how you feel;" "He is in a better place;" " You will do fine;" "You should be thankful that you were together for so long;" and "Time heals all wounds." These remarks can be perceived as trite, presumptive or incorrect. The physician's faith-based beliefs should not be offered as comfort unless it is clear that the recipient shares these beliefs.

Physicians should not leave a specific message on an answering machine, unless it states that you are thinking of the family and will call back or write to them. In my own practice, I will often call on the day of the death or the next day and follow this with a note. The note should be sent in a timely fashion, usually within one to two weeks of the death.

E-mail is generally a less than optimal way to contact the family unless this was previously established as a frequent mode of communication. Handwritten notes are usually perceived as warmer and less businesslike. Legible writing is mandatory and might necessitate a typed note composed by the physician. Commercially available cards need at least a brief personalized expression of sympathy and, in my opinion, are not as genuine.

Sending a condolence note also can be a beneficial act of closure for the physician. I have had many positive comments from families who have received my condolence notes. Occasionally a letter is sent to me years after the fact because something happened to remind the family of our previous encounters. Many times, a recipient of my condolence note has encountered me in a mall or store and reminded me how appreciated and helpful the note was for them.

Expressions of sympathy are important aspects of comprehensive patient care. At our hospital, this is proactively addressed with resident and staff physician educational sessions and provision of blank sympathy cards for use by all of our hospital employees.

--Neil M. Ellison, MD
Director, Palliative Medicine Program
Geisinger Medical Center
Danville, PA

**WEST VIRGINIA BOARD OF MEDICINE
2004 MEETING**

**July 12
September 13
November 8**

WV Board of Medicine



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Charleston, WV 25311

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Fax: 304-558-2084

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